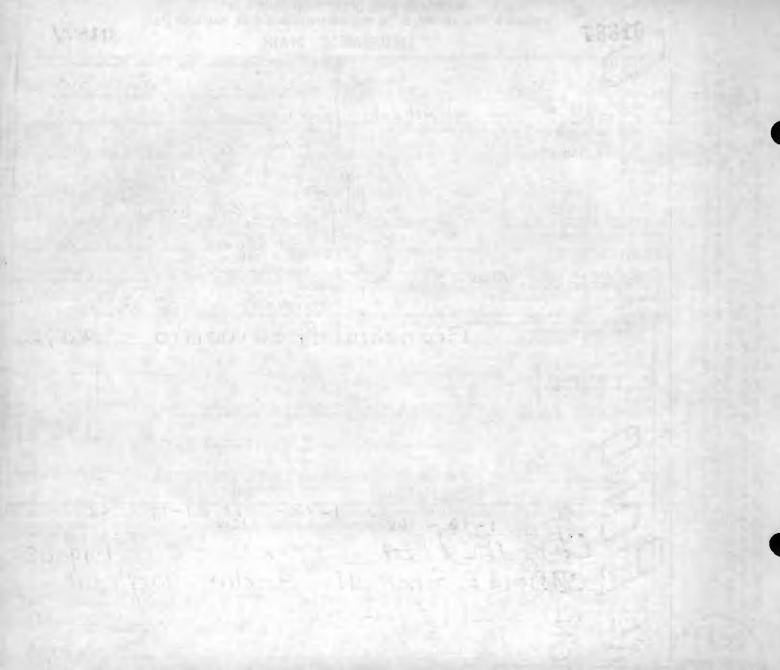
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE Thems #1 Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01876
HEALTH DEPT: 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN	Manth Day Year 2b. HOUR
(Type of Print) Of ESTI-	1 12 1968 1 A
/ - DA	
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years if under 1 year if under 24 Hrs. 2c. DATE PRONOUNCED In the property of th	P2 Year 1968 5 PM
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN Month) 76 YRS 70. BIRTHPLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1700 / 1 17
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Country) Girdletree U.S.A. WIDOWED DIVORCED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during report of warking life, even if respect to the state of th	
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if re Snow Hill 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY TOWN OF DEATH 11c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if re Snow Hill 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISSIDE CITY LIMITS? 13d. STREET AND NUMBER 13d. COUNTY TOWN OF DEATH 11d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if re 13d. COUNTY TOWN OF DEATH 13d.	tired.) INDUSTRY
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130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Odmission) STATE Md. 13b. COUNTY Worcester Snow Hill YES NO 202 Hear	
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	
	Unknown
THE WAS DECEMED EVEN BUILD ADMED CORCES 114 COCIAL CECURITY NO. 17 INFORMANY	UHKHOWH
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give water of dates of service) 2/8 20 66 2/ Lena M. Bishop Snow H:	ill. Maryland
Yes WWZ 198206621 Lena M. Bishop Snow H	APPROXIMATE INTERVAL
B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Bronchial Pneumonia Oue TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b)	BETWEEN ONSET AND DEATH 3days
HAMEDIATE CAUSE (a)	Juays
Conditions, if any, which gave	
rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gave rise to immediate cause (a). starting the underlying cause (b). Starting the underlying cause (c). (c)	
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19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Month, Doy, Year 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or 1)	VES NO T
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216. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or 1 HOURAM. 19 P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street. 21f. LOCATION Street or R.F.D. No. (ity or Town)	
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22a. I certify that I taak charge of the remoins described obove, held on Autopsy , Inspection ,	
death resulted fram: Natural causes Accident , Suicide , Homicide , Undetermined m	
ACTUAL SIGNATURE COLLEGE COLOGIA SSISTANT MEDICAL EXAMINER (1)	Eb. DATESIGNED3-68
DEPUTY MEDICAL EXAMINER ACTION	1-13-00
22a. certify that I taak charge of the remoins described obove, held on Autopsy , Inspection Inquition Actual signature Examiner's Name (Type) Clifford E. Schott. M.D. Action A	
O E = 9 = 230 BURIAL (REMATION 23b DATE 23c NAME OF (EMETERY OR (REMATORY 23d LOCATION (City or Town	Worcester (Caunty) (State)
Burian 1-16-68 Coolspring Methodist Girdletre	
	e wor. Ma.
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRA	Wor Md. SIRAR'S SIGNATURE Cleanles Jungs.

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(I LALI)		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
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	3. \$1	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR HE UNDER 24 HRS.
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lled pap	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in hospital 120.	USUAL OCCUPATION (Kind of work done	125. KIND OF BUSINESS OR
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after hospital or attending physicion. his certificate has been signed by the attending physician and campletely filled in by the furstached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after	5	now Hill (Rura	give street oddress	duri	ng most of working life, even if retired.)	INDUSTRY Form
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ertificate be physician c ren please lovol, and ii		WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SECURI	Y NO. 17. INFORMANT	Address	71-013-1
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g pl		IR. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
thot the deoth certific on. by the attending phys tronsit permit. Then p cremation, or removol,		PART I. DEATH WAS CALISE	D BY: (() a T	Mureur	a lis	DEFINISH ONCE AND DEATH
ded frmi		250 Q IMMEDIA	DUE TO, OR AS A COMSEQUENCE	TE A	- 7	
the d		Conditions, if any, which gove	Oloo	in Myor	cordele	
that the on. by the transit p		rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE	F 1	1	
equires that the physicion. signed by the buriol-transit		stoting the underlying couse last.	10 Dec	retes - lay	secleración	
equires 1 physicio signed t buriol-tr buriol, c	0	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	OR CONDITION GIVEN IN PART 1(a)	
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low bee	ATION	190. DATE OF OPERATION 195.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	ONSIDERED IN CERTIFYING
AN: The low re or attending icate has been for use as the Heolth prior to	CERTIFICATION	DEPOSIT ACTOR		YES N	CAUSES OF DEATH?	
or afe		21a. ACCIDENT WAS UNDERLYIN			(Enter nature of injury in Part 1 or Part 2,	Item 1B.)
ICIAN pitol a pitol a d for of Hec	MEDICAL	OR CONTRIBUTING (AUSE OF DEAT	TH HOUR A.M. Month Day Ye ner) P.M.	or 19		
G PHYSICIAN: The low requires the the hospitol or attending physicion. This certificate has been signed by detached for use as the buriol-troite Dept. of Heolth prior to buriol, cre	E.	21d. INJURY OCCURRED 21e.		FACTORY.) 21f. LOCATION Street or R.F.	D. No. City or Tawn	County State
JING PHYS by the hos (fer this ce be detache Stote Dept.		While Nat while at wark at wark	COTTLE BUILDING, ETC.		10 0	18
by the fler per control of the contr		22a. I certify that (!) (th	is hospital) attended the dece	ised from	196/, ta 2/, 19	thot (I) (we) lost
ATTENDING estained by the CTOR: After I should be dith the Stote) apinion death occurred on the de	ate and hour and from the
ATTENI stained CTOR: A should ith the		22b. SIGNATURE	e, (I) (we) (did) (did not) view th	e body difer death.	199,	DATE SIGNED
OR ATTENDING be retained by DIRECTOR: After g 3 should be ed with the Stot		OPaller	08 /4 D.T.	MOTERED ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	PATE STORES
y be of filed		22d. PHYSICIAN'S	1 Comment	The Appens	DIRECTOR THIS.	
PITA BRAIL be P		NAME (Type)	FFORD SCHO	TT MO. GER	CLIN, MARGIA	ind
Page 4 may be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to	23a	BURIAL, CREMATION, 23b.	DATE 23c. NAME	OF CEMETERY OR CREMATURY.	23d. LOCATION (City or Town)	(County) (State)
0 0 0 g 4		SMOVAL (Specify) 73	n. 30. 1968 1	Friendship	Snow Hill 1	Maryland
VR A15 [4]	24.	FUNERAL DIRECTOR	ADDR		EC'D BY REGISTRAR 2Sb. REGISTRAR"	SIGNATURE
30M REV. 1/68	1	Aman & k	James Snow H	. Il Mal. DATES	AN 3 1 1968 Lice	ree Judges

/ 1	MAKTLAND STATE DEPAKTMENT OF HEALTH	
FOR STATE	01889 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01879
HEALTH DEPT.		
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2, and 3 to PM3. Page	M W 12-31-94 Orthodox Months DAYS HOURS MIN. Month / Doy 20	Year 19 67 6 30
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主 80年 章		6. KIND OF BUSINESS OR
0 × 0	CLEAD CITY CAMOE REYES IT FED. 6. OU.T	B.OV.
of ed w	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE MO 13b. COUNTY P. S. STAVER HILL YES NO 3908 PARK	BLVO
hours Item 1 Office 1 ond 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	Unknown Guthrie Martha Ann	Zuber
hin ndil nine pog hou	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wer ar dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS ALLIAN GUTHRIE 3908 PAR	t acus
ed with in per lexor lex	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
be executed "pending" in nief Medical E onsit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary	
Me Me	DUE TO, OR AS A CONSEQUENCE OF	
be exertified white the property on the property of the proper	Conditions, if ony, which gave is to immediate cause (a). (b) Chronic Myocarditis	
vord vord oe Cl	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	Number 1 (c) Hypertension	
s certificate s e, writing the forwarded to used os a bu emoval, and i	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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certii verit orwal used movo	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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編	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY Manth, Day, Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY Manth, Day, Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY Manth, Day, Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY Manth, Day, Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY Manth, Day, Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY Manth, Day, Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY Manth, Day, Year	18.)
33 = 12 = N	The Real Control of the Control of t	County State
XAM Jate 11 Jour Your Page crem	WHILE NOT WHILE TOTTORY, OTHER BUILDING, STC.)	E 1015
DEPUTY SICAL EXA cessory, please execute e funerol director. Poge may be retained for you FUNERAL DIRECTOR: Pog colfth prior to burial, cre	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection XI, Inquiry XI,	ond in my opinion
ICAL Be execution. Poed for ed for CTOR:	deoth resulted from: Notural causes 🔀 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined monner	
please e l director retained L DIRECT ior to bu	CHIEF MEDICAL EXAMINER	
AL AL	ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	
Sory, Junero Jun		10-68
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0 g = ~ 0 ±	236. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	ounty) (Stote)
2	DORIAL 1-24-68 PRIONISHIP MODELINOUSE	Co. Mo.
VR A15ME (5)	24. FUNERAL DIRECTOR Obert E. Wilhelm Fune PRES Home 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN 25c. REC'D BY REGISTRAR 25c. REC'D BY REGISTRAR'S SIGN 25c. REC'D BY REG'D BY REG'D BY REG'D BY REG'D BY REG'D BY REG'D B	
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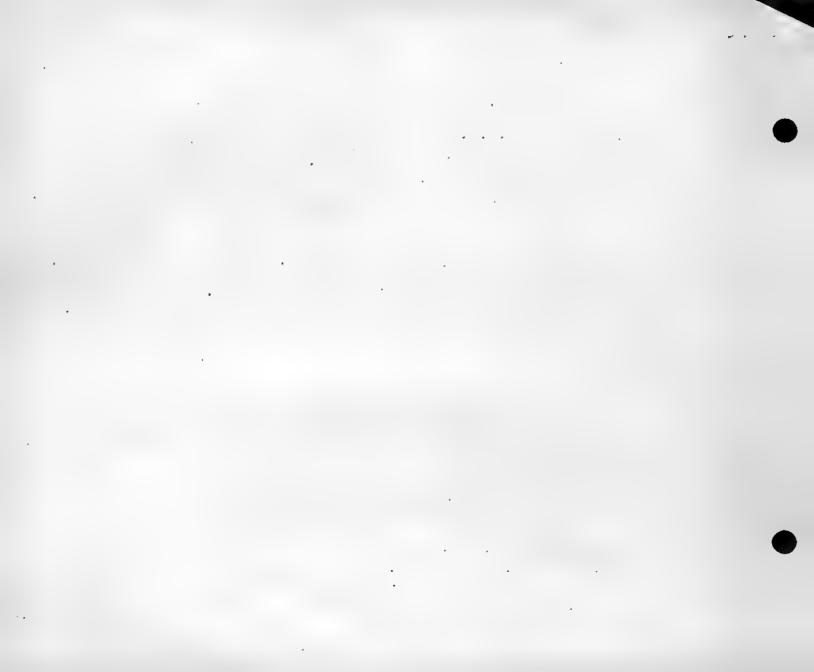
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01830 CERTIFICATE OF DEATH 01880 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY A MORCESTER MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest fawn) (If outside corporate limits, write RURAL and give nearest town) ERLIN d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? YES 3. NAME OF Middle DATE First Last DECEASED burial, cremation, or removal, and in any event, PANK (Type or pant) DEATH 5 SEX 9. AGE (n years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last bigthday) Months WIDOWED DIVOR CED 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if setired) A RPENTISA TETIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 LLA IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT permit. (Yes, no, og-unknown) ((If yes give, war or dotes of service 20-12-18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** 3 mile Conditions, if any, which gave rise ta immediate cause (a), DUF TO stoting the underlying couse lost. WAS AUTOPS? PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO. 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or tawn) (County) (State) Hour o.m. factory, street, affice bldg, etc.) Nat While at work 21. I certify that (1) (this hospital) attended the deceased fram Dec 14-, 1967, ta 9 13-, 1965, that (1) (we) last saw the deceased alive an June 13- 1968, and that death accurred at 84 M, fram causes and on the date stated above O FUNERAL DIRECTOR: 22g. SIGNATURE 22b. DATE SIGNED ATTENDING director, poge 3 M.D PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATURY 23d LOCATION (City or Town) BURIAL CREMATION. (County) EVERGREEN FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH 01897 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01881 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20 DATE OF CEATH 2b HOUR T (Type or print) January HORACE MTTITON JOVES buriol-tronsit permit. Then please remove carbon popers. Pages Adn buriol, cremotion, or removal, and in any event, within 72 hours after de F JINDER 1 YEAR 3. SEX 4. RACE S DATE OF BIRTH IF UNDER 24 HR 6. AGE (In years lost_birthday) MONTHS | DAYS HOURS Male White Feb. 9. 1890 requires that the death certificate be executed within 24 hours, in by 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Worcester U.S.A. WIDOWED [DIVORCED [Maryland completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Pocomoke City Farming 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES [] NO 😾 R.F.D. orcester Pocomoke 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Marion Redden Jones Clementine 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address F F D Yes, no grunknown) 7-36-0994 E. Jones, Pocomoke City. Richard pnysicions in attending phy signed by the armit. Then 18 CAUSE OF DEATH (Enter only one couse per Alline PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave } rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the haspital or attending physician. stating the underlying cause; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES [NO V 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY TO DR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY \ 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work ended the deceased from 01/9/ , 19.5.5, to /2/ , 1965 , that (1) (we) last 220. I certify that (I) (this-bospital) at saw the deceased alive ancouses stated above, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNER 22b SIGNATURA DEGREE **ATTENDING** MED DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS ... NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 230. BURIAL CREMATION (County) -31 - 1968Pocomoke - Wor. - Maryland Remson Methodist 2So REC D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV, 1/68 DATE Pocomoke City. Md.

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1 "	MAKYLAND STATE DEPAKTMENT OF MEALTH	
con cristall	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH 01852	
FOR STATE T	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20 DATE KNOWN Month Day Year 2b (Type or Print) AT TOTAL TENTET TO THE ACCOUNT OF ESTI-	HOUR
day is 3 to 9 ant of	ALICE EPTEDY PEACOCK DEATH MATED 321. 12 1968	6рм
	fort hothdoor) I AMSMITUS MANY MA	HOUR
	Female White Aug. 11,1887 80 yrs. MONTHS OATS MOURS MOUNT MO	30p
À de la companya de l	7a BIRTHPLACE (State or foreign 7b CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
or D	Maryland U.S.A. WIDOWED DIVORCED Worcester	Md.
ath age ih f	10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 112b KIND OF BUSINESS)	OR
INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pages I shauld be forwarded to the Chief Medical Examiner's Office along with fartifies. 3 should be used as a burial-transit permit. File pages land 2 with the State Diation, ar remayal and in any event within 72 haurs after death	Pocomoke City Seventhess Willow Sts. during most of working life, even if retired) INDUSTRY	
Giv Ing th t	13n HIGHAL RESIDENCE (Where dereased fine fruithfulan Residence hefore 3r (LTY OR TOWN 13d INSIDE CTY MIS? 13e STREET AND MIMRER	
18. afc dea	odmission Maryland 13b. County orcester Pocomoke YES € NO Secomed & Willow Sts.	
24 haurs afte in Item 18. Gi r's Office atan es 1and2 with	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last	
1 Per	Joshua Powell Alice Beauchamp	
hin 24 ncil in miner's pages haurs	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
This certificate shauld be executed within cate, writing the ward "pending" in pencil be forwarded to the Chief ■edical Examine I be used as a burial-transit permit. File pagar remayal and in any event within 72 hau	(Yes no, or unknown) (1 yes give wor or dores of service) None Ernest L. Peacock, Baltimore, Md.	
J w.t n pe Exam File	JAPAN WAY WATER	
al la si il	18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY One one of the control of t	EATH .
ding Perr	· O IMPREDIATE GIOSE (0)	
e ey pen yf sit	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)	111
Chied Stan	rise to immediate cause (a), (b)	—
auld war he ial-1 an	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed he ward "pending" is to the Chief Medical burial-transit permit.	(c)	
ate g th ed 1 s a and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN A PART I(a)	
ithing ithing ardec d as	196 DATE OF OPERATION 196 COND TON FOR WHICH OPERATION 20 AUTOPSY?	
his certi ate, writ e forwa be used	196 DATE OF OPERATION 195 COND T ON FOR WHICH OPERATION 20 AJTOPSY? WAS PERFORMED?	
(AMINER: This certificate shauld be executed w.s. te the certificate, writing the ward "pending" in pe je 4 shauld be forwarded to the Chief Medical Exargour files. age 3 should be used as a burial-transit permit. File crematian, ar remayal and in any event within 72		
INER: Te certification of the standard by the		
INER e cer shaul files. 3 shor	CAUSE OF DEATH P M 19	
	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, white not white not white not white tark for building, etc.)	state
~ 5 0 ~ 4	AT WORK AT WORK	
ICAL E executor. Paged far CTOR: burial,	22a. I certify that I taak charge of the remains described abave, held an Autapsy 🔲, Inspection 🖳 Inquiry 🔲, and in my api	incan
5 e e e e e e e e e e e e e e e e e e e	death resulted fram Natural causes 🖳 🙏 Aerident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲	
directo directo DIRECTO DIRECTO DIRECTO DIRECTO DI PECTO DI PETTO DI PECTO DI PETTO	CHIEF MEDICAL EXAMINER	
ITY DIC. Ty, please e eral director be retained prior to bu	SIGNATURE MUSCLES AND ASS STANT MEDICAL EXAMINER 226 DATE SIGNED	
EPUTY SSary, I funeral ay be r INERAL	EXAMINER'S Charles W. Trader, M.D., DEPUTY MEDICAL EXAMINER 1-15-68	
o DEPUTY necessary, ple the funeral di 5 may be rett D FUNERAL D Health prior	NAME (Type) 302 Market Street, Pocomoke, MCESS(Street, city, town, or county)	
TO DEPU necessar the fune 5 may b TO FUNER Heafth	23g BURIA (REMATION 23b DATE 23c NAME OF CEMETERY DESCRIPTION (City or Town) (County) (State)	
	Burial 1-15-1968 First Baptist Pocomoke City - Wor M	d.
[4]	24 FUNERALD DIRECTOR 250 RECU BY REGISTRAR 2 SIGNATURE	
VR A15ME (5) 10M REV. 1/68	Trubert N. M. Ken Pocomo'ie City, Md. DATUAN 22 1968 flester June	
10// 821, 1700		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 13b & c Film G396 1/18/68 CERTIFICATE OF DEATH 01883 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) January EMMA TAYLOR PILCHARD 968 RM lease remove corbon papers. Pages 1 and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF UNDER 24 HRS. E P DAYS last_birthday) Female White July 25. 1890 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED country Maryland .⊑ **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 h U.S.A. Worcester WIDOWED [DIVORCED [7] filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OR give street oddress) Holland during most of working life_even if retired.) INDUSTRY Stockton ond completely Nursing Home Housewife A3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY HAUTS? 13e. STREET AND NUMBER 13b. Worcester YES NO Stockton Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Middle Holland John William Laura Ann Redden 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Address Yes na, ar unknawn) burial, cremation, or removol, Harry C. Pilchard, Stockton, Md. the ottending p APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ISTRUCTION OF LUNG TISSUE BY signed by the burial-tronsit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause CANOER ETASTATIC INTERINE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the t Health prior to b hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO | YES 🗀 this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year State Dept. of (If either, natify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State While Not while at work TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from _______, 19@7, ta______, 19_0, that (I) (we) last saw the deceased alive an _______, 1900, and that in (my) (aur) apinian death accurred on the date and haur and from the be retoined director, page 3 should should be filed with the causes stated abave (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c, DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN 22e. ADDRESS NAME (Type) Robert C. La Mar. Snow Hill, Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY X 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) BEMOVAL (Specify) 1-7-1968 Gunby Presbyterian Stockton Wor 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) Pocomoke City, Md. DATE JAK 15 1968 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 01894 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01884 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) · Worcester b. COUNTY Jorcester PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS paper filled (NO M carban 3. NAME OF Middle 4. DATE Lost Month Day · Year DECEASED AN event, (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER I YEAR IF UNDER 24 HRS **NEVER MARRIED** last hirthday) Manths Hours DA and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Housewife during most of warking life, even if retired) physician CRIIN 13. FATHER'S NAME or removal, attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, na, or unknown) (If yes give war or dates af service) crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSE AND DEATH 0 IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if any, which gove (b) rise to immediate cause (o), DUE TO TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending prior to t stoting the underlying cause has been (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) State Dept. of Health NO Y this certificate jo 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) Not While at wark 21. I certify that (I) (this hospital) attended the deceased from MIN IS that (I) (we) last 1908 O FUNERAL DIRECTOR: and that death accurred and 20 P. M. fram causes and on the date stated above saw the deceased_alive an 22a. SIGNATURE DATE SIGNED MED. DIRECTOR M.D. PHYS. PHYS director, page shauld be filed 22d_ADBRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) UPPGREEN LYJORC VR A15 (4) 25M 1/67 DATE